

Alarm Permit Application 2000 N. Hwy. 78 Wylie, TX 75098

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O Update

Application

Permit #:

Date:

Renewal Date: January 31 each year

Alarm Ordinance: 38-22 requires the name, business/resident telephone number and the phone numbers of three additional keyholders who are authorized an
have agreed to receive notification at any time from responding police/fire personnel to come to the alarm site with 30 minutes after receiving such notification.
Four keyholders maximum maybe listed to attend to the site with a maximum of eight telephone numbers.

Renewal

New Permit

Business Resident Name/Keyholder#1:		Home #:		Cell #:		
Business Resident Name/Keyholder#2:		Home #:			Cell #:	
If location is a business, li name:	st business			•		
Property Address:						
Mailing Address:						
Email Address:			Property Phone #:			
Dog(s) on premise:	Yes O No		Special and/or			
Location of dog(s):			Medical alerts:			
Please enter emergency co				st have		
Emergency Name/Keyholder#1:		Home #:		Cell #:		
Emergency Name/Keyholder#2:		Home #:			Cell #:	
Type of alarm:	O Rurolary O R	Cobberv	© Fire © Medical ©	Panic		
Audible:	O Yes O No	•			s O No	
Monthly Permit Fees:	© \$4.16 Burglar					
·	© \$8.33 Both	•				
System monitored by the	City of Wylie-Direc	t Alarm	Monitoring			
O Private alarm company no	tifies Wylie Comm	unicatio	ns			
Alarm Company: Alarm Co #:						
correct. I understand that I will be respincurred by the City of Wylie in the disal granting of an alarm permit under the C	consible for the payment of oling of this alarm, if the so city of Wylie Ordinances, ar brand or type of alarm	of all fees of ystem emits Section 38- system. Gr	or charges levied for this alarm is an audible signal for longer t 32, which pertains to the issue anting of a permit is intended of	n. I unde han twent ance of a only to au	e information contained herein is true and rstand that I will be liable for all expenses ty (20) minutes. I also understand that the larm permits, shall not be construed as an thorize the installation and operation of the lysis.	
Applicant Signature: Date:						
All IIIIOIIIIalio	i mast be complete—inco	whice app	ilodiono wili not be processed	ana retuli	iod to applicant.	

If filing electronically, click the following box to acknowledge this your electronic signature.